

County of San Diego Plan  
Designation of Beneficiary Form

Check Plan or  
Plans That Apply

- ☐ County of San Diego Deferred Compensation Plan 457 (250931)  
☐ County of San Diego Incentive Retirement Deferred Compensation Plan 401(a) (250938)

Participant  
Information

(Please print clearly)

\_\_\_\_\_  
Last Name First M.I. Social Security Number

Present Marital  
Status

(Check one)

- ☐ Single ☐ Married\*

\*NOTE: If you are married and designate someone other than your spouse as the primary beneficiary, your spouse's consent is required below, and the signature must be **notarized** or witnessed by the plan administrator.

If you are not married when you complete the beneficiary designation form and you later become married, or if you later become married to a different person, the designations previously made will automatically be revoked; any death benefits will be paid to your then spouse unless a new beneficiary designation form is completed and the Consent of Spouse is signed and witnessed.

Beneficiary  
Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary  
Beneficiary(ies)

_____ Last Name	_____ First	_____ M.I.	_____ Last Name	_____ First	_____ M.I.
_____ Social Security Number			_____ Social Security Number		
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ ZIP Code	_____ City	_____ State	_____ ZIP Code
_____ Birth Date	_____ Relationship		_____ Birth Date	_____ Relationship	
_____ Percent			_____ Percent		

If you name more than one primary beneficiary but do not specify a percentage for each, your account will be divided equally among the primary beneficiaries who survive you. Check here if you have more than two primary beneficiaries and have used the space on the back. ☐

Secondary  
Beneficiary(ies)

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):

_____ Last Name	_____ First	_____ M.I.	_____ Last Name	_____ First	_____ M.I.
_____ Social Security Number			_____ Social Security Number		
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ ZIP Code	_____ City	_____ State	_____ ZIP Code
_____ Birth Date	_____ Relationship		_____ Birth Date	_____ Relationship	
_____ Percent			_____ Percent		

If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you. Check here if you have more than two secondary beneficiaries and have used the space on the back. ☐



**County of San Diego Plan  
Designation of Beneficiary Form**

Any election I have made on this form revokes all prior elections with regard to this form.

**Consent of Spouse**

\_\_\_\_\_  
Date Participant's Signature

By signing below, I voluntarily consent to the above designation of a primary beneficiary other than me; I do not, however, consent to my spouse having the right to make further changes in the primary beneficiary without my knowledge or consent.

\_\_\_\_\_  
Date Spouse's Signature (must be notarized or witnessed by the plan administrator)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Notary**

**(Notary Seal)**

\_\_\_\_\_  
Signature of Notary Public/Plan Administrator Date

\_\_\_\_\_  
Name of Notary Public/Plan Administrator My Commission Expires

---

**Additional Beneficiaries**

**Additional Primary  
Beneficiary(ies)**

\_\_\_\_\_  
Last Name First M.I.  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Birth Date Relationship  
\_\_\_\_\_  
Percent

\_\_\_\_\_  
Last Name First M.I.  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Birth Date Relationship  
\_\_\_\_\_  
Percent

**Additional Secondary  
Beneficiary(ies)**

\_\_\_\_\_  
Last Name First M.I.  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Birth Date Relationship  
\_\_\_\_\_  
Percent

\_\_\_\_\_  
Last Name First M.I.  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Birth Date Relationship  
\_\_\_\_\_  
Percent

